


8454329786 TO PTO-AMENDMENTS P.01

JUL 29 2005

PAGE 1/11 \* RCVD AT 7/29/2005 8:42:02 AM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-6/25 \* DNIS:2738300 \* CSID:8454329786 \* DURATION (mm:ss):03:12 &REV02

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>POU920010050US1</b>	
Applicant(s): <b>J. E. Eckelman et al.</b>						
Application No. <b>09/841,569</b>	Filing Date <b>4/24/2001</b>	Examiner <b>Mujtaba M. Chaudry</b>	Customer No. <b>33558</b>	Group Art Unit <b>2863</b>	Confirmation No. <b>5134</b>	
Invention: <b>Method and Apparatus for ABIST Diagnosis</b>						
<b><u>COMMISSIONER FOR PATENTS:</u></b>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	7 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>09-0463</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 _____ <b>Lynn L. Augspurger, Reg. 24,227</b> <b>IBM Corporation</b> <b>Intellectual Property Law</b> <b>2455 South Road, P386</b> <b>Poughkeepsie, NY 12601</b> <b>845-433-1174</b> <b>Fax: 845-432-9786</b>			Dated: <b>July 29, 2005</b>			
cc:			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence			

IBM-POU920010050US1 Exam'nr M. Chaudry,  
09/841569

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IN THE U.S. PATENT &amp; TRADEMARK OFFICE

By Facsimile to 517-273-8300

First Named Inventor: J.E. Eckelman et al : GROUP ART UNIT 2863

Pat Appln: Serial No. 09/841569:

Examiner: Mujtaba M. Chaudry

5 Filed: April 24, 2001 :

July 29, 2005

Title: Method and Apparatus for ABIST Diagnosis:

Attorney Docket POU920010050US1 :

Deposit Account: 09-0463 :

Lynn L. Augspurger, Attorney, Reg No. 24,227 :

Mailing Address:

IBM Intellectual Property Law

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2455 South Road, P386

Poughkeepsie, NY 12601

AMENDMENT (Responsive to RCE OA Dated 5/16/05)

Please hand deliver to Examiner Chaudry.

Commissioner for Patents

15 Washington DC 20231

Sir:

A. Introductory Comments:

In reply to the RCE First Official action mailed 5/16/05  
Applicants respectfully request entry of the following amendment.  
20 (The Commissioner is also hereby authorized to charge payment of  
the fees associated with this communication or credit any  
overpayment to Deposit Account No. 09-0463. Those expected are  
already part of the separate fee authorization.)

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. 1.8(a)

I hereby certify that this correspondence is being facsimile transmitted to  
Examiner Mujtaba M. Chaudry, Group 2133, at 571-273-8300; on July 29, 2005.

  
Susan L. Nelson  
Date of Signature

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